

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$500.00 for date of service 01/25/02.
- b. The request was received on 06/06/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. TWCC 62 forms
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. HCFA(s)
  - c. TWCC 62 form
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional information via a Fee Letter (MR116) that was mailed to the Requestor on 07/11/02. The Requestor did not respond per Rule 133.307(g)(3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307(g)(4). The Carrier's initial response is reflected in Exhibit II.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement found in the case file.
2. Respondent: No position statement found in the case file.

**IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 01/25/02.
2. The explanation of denial for the services rendered is, "G-DISALLOWED: SERVICES INCLUDED IN THE LISTED VALUE OF THE SURGICAL PROCEDURE."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
01/25/02	76003-26	\$250.00	\$0.00	G	\$52.00	Advisory 97-01 CPT descriptor	<p>According to the CPT descriptor, 76003 is a "Fluoroscopic localization for needle biopsy or fine needle aspiration".</p> <p>The carrier has denied the code a global to the surgical procedure. Per Advisory 97-01, fluoroscopic assistance is global when a myelogram is performed. However, the Advisory also indicates that, "If a health care provider believes fluoroscopic assistance (fluoroscopy) is medically necessary when performing an injection on a particular patient, and it is not included in the procedure, the provider shall bill the appropriate CPT code for the injection and the appropriate CPT code for the fluoroscopic assistance." Also, this code indicates it was performed for a biopsy or aspiration, which would be a separate procedure.</p> <p>Therefore, reimbursement is recommended in the amount of <b>\$52.00</b>.</p>

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01/25/02	76003-27	\$250.00	\$0.00	G	\$64.00	Advisory 97-01 CPT descriptor	According to the CPT descriptor, 76003 is a "Fluoroscopic localization for needle biopsy or fine needle aspiration". The carrier has denied the code a global to the surgical procedure. Per Advisory 97-01, fluoroscopic assistance is global when a myelogram is performed. However, the Advisory also indicates that, "If a health care provider believes fluoroscopic assistance (fluoroscopy) is medically necessary when performing an injection on a particular patient, and it is not included in the procedure, the provider shall bill the appropriate CPT code for the injection and the appropriate CPT code for the fluoroscopic assistance." Also, this code indicates it was performed for a biopsy or aspiration, which would be a separate procedure. Therefore, reimbursement is recommended in the amount of <b>\$64.00.</b>
<b>Totals</b>		\$500.00	\$0.00				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$116.00.</b>

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$116.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 5th day of March 2003.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb